Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ORD PERMANENT BINDING 2 FOR INK-THIS RESERVED UNFADING NOR V. S. No. 1 0

1 PLACE OF DEATH

Village or City Titymeller (No. 2 FULL NAME John Bra	CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white 5 SINGLE MARRIED, Surgle WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH JUNE 20, 1935 (Month) (Day) (Year)	July 10, 1573, to Aug 1, 1373, that I last saw h in alive on July 3/ 1973,
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at // P. m. The CAUSE OF DEATH * was as follows: Acute Sles-Colites
(a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer)	(Buretien) yrs. mos. 2 / ds. Contributory Secondary
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) M 22 MAIDEN NAME	(Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Buretlen) (Buret
of Mother of State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ef death
(Address) Krymus and (Address) Krymus and (Belly 2 1933 & H Barrick	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL HAMMILL CEMETRY HUG 3, 1933 20 UNDERTAKER ADDRESS
REGISTRAR	Emres Beselin Halling

U more blanks are weeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

write None business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness or given up on account of the DISEASE CAUSING DEATH. Housemaid. etc. engaged in domestic service for wages, as Servant. Cank. taken to report specifically the occupations of persons employed, as At school or At home Care should bewife, Housework, or At Home, and children, not parprople who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Househeepers precise specification as Day laborer, Furn luborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer." etc. without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physition is very important, so that the relative healthfulapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed Locomotive engineer, Civil (a) Spinner, (b) Collon If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhool fever (never report "Typhoid pneumonia"); Lobus measurement feed is indefinite). Tuberculosis of lungs, meningualified, is indefinite). Tuberculosis of lungs, meningualified.

under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, OF HOMICIDAL. OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL to determine definitely Examples: Accidental drowning. surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "PUERPERAL septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maran-mus," "Old Age," "Shock," "Uruemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Ansemia" (merely synptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mer symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intereureough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles, Whooping ges, perilonaeum, etc., l'arcinoma, Sarcoma, etc., of. (name origin; "Cancer" is less definite; avoid use of Nomenciature of the American Medical Association.) The nature of the injury, as fracture of skull State cause for which (Recommendations "Exhaustion, report mere

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5 1933

	r- te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	infor- state UPA-	1. PLACE OF DEATH	<u></u>
)	ould occ	County 7aure	Registration Dist. No.
	should of OCC	Village or City Oarland med Pa	NoSt., War
	. 70		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
KA	Every SIANS ement	2. FULL NAME Jacques Calhonie	
INI	- H =	(a) Residence: No.	St Ward.
		(Usual place of abode)	If nonresident give city or town and State
	RECO. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
rk	LY	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) 9, 193 3 (Year)
BINDING	AN A C ssift	5a. If married, widowed, or divorced HUSBAND of (or) WHEE of Aurenal Against College	22. I HEREBY CERTIFY. That I attended deceased from
KI	CX	6. DATE OF BIRTH (month, day, and year) Creay 19 1933	last saw h alive on 19 death is sa
	PH d H erly cate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
FOR	IS A PE stated E properly certificate	O O I day, Q hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
_	he is of c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	A
RESERVED			Remation (8 ma)
ER	25 _5	SAW MILL, BANK, etc	
ES	1 m + 0	10. Oate deceased lest worked et this occupation (month and year)	
	NFADING I oplied. AGE erms, so that instructions of	0- 4 81	Other Contributory Causes of importance:
MARGIN	ADI d.	12. BIRTHPLACE (city or town) (State or country)	
RG	UNFA supplied n terms, ee instru	13. NAME Racuruse Having to al hour	
MA	sup in te	14. BIRTHPLACE (city or town) Ozer Rance Ra	Name of operation
	H 45 70	(State of Edulity)	What test confirmed diagnosis? Was there an autopsy?
1	WITF efully in pla ant.	15. MAIDEN NAME Durine Starle 16. BIRTHPLACE (city or town) 4 Ramsilla	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	INLY, Worker of the careful EATH in principal terms of the careful in principal terms.	O 16. BIRTHPLACE (city or town) (State or gountry)	Accident, suicide, or homicide? Date of Injury, 19
	INI be imp	(State of Country)	Where did injury occur? (Specify city or town, county and State)
	should be car OF DEATH	17. INFORMANT (Address) Oay land Ma	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
		18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
		Place Place Oally Date Change (9, 1923	Nature of Injury
No. 1	WRITE mation s CAUSE TION is	19. UNDERTAKER CARRY A Soft of State of	24. Was disease or injury in any way related to occupation of deceased?
V. S. N	Z B	Estheting, 19, 1833 Julia a. Nawan	(Signed) . I poolwal M. (Address) Oas Lacot mil
	1		1411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	7.10.7
V. S. No. 1	N. B.—WRITE PLAINLY, WI	mation should be careful	CAUSE OF DEATH in p	

SIAIL	OF MARYLAND—	CERTIFICATE OF DEATH 08110
1. PLACE OF DEATH	the Tuesta In	Registration Dist. No. / 76
County Municipal Country Count	wwwy To	
Village or City	(II	NDSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurredyrsmos	i. 12 ds. How long in U.S. if of foreign birth?yrsmos,ds
2. FULL NAME Alice	marie Cola	sk!
(a) Residence: No.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATIST		21. DATE OF DEATH
Levale I hite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	1'11	22. I HEREBY CERTIFY, That Lattepded deceased from
(or) WIFE of	hild	aug. 6 th 1933 to aug. 9 th 1932
6. DATE OF BIRTH (month, day, and year)	1111.27/931	I las faw has alive on aug. 8 90 , 1933 ; death is sai
7. AGE Years Months	Days If LESS than	to have occurred on the date stated eboye, at \$1.5 P.m.
2 11	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	(2)	Streptorecce and most 8/2/33
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	pose	-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	*	
10. Date deceased last worked at	11. Total time (years)	1
this occupation (month and year)	spent in this occupation	
12. BIRTHPLACE (city or town) - LAN	sett lamety	Other Contributary Causes of Importance:
(State or country)	augland /	_
13. NAME	. Helash	
13. NAME 14. BIRTHPLACE (city or town). Last	sett Courte	Name of operation Date of
(State of country)	Thankland!	What test confirmed diagnosis?
15. MAIDEN NAME / ASSAY COL	tiel Hazenbaker	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	wett Overly	Accident, suicide, or homicide? Date of Injury, 19
State or country)	manyland !	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT JOHN CO. (Address)	Corina Md	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 6 11 20	Manner of Injury
Place Lath Tour ying Run	ed Date flug 1/ , 19.3.3	Neture of injury
19. UNDERTAKER M. Joseph Garch (Address)	short acoring Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED aug 10, 19 33 /2	les B Brown. Registrar.	(Signed) m. J. M. Covrmell M. (Address) midland may may land
If more	blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	}	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.B.	3	·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor-

of

OCCUPA.

MARGIN RESERVED -WRITE CAUSE TION V.S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County -Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. If of foreign birth?______mos.____ds. 2. FULL NAME Ward. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 4. COLOR OR 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (white the word) arried (Day) (Year) 5a. If married, widowed, or divorced AND=of I HEREBY C ERTIFY, That I attended deceased from 223 (or) WIFE of 6. DATE OF BIRTH (month, day, end year) : death is said Years 7. AGE Months Days If LESS than to have occurred on the date stated above/ I day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance or min. were as follows: Date of onset 8. Trade, profession, or particular TION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.. 9/Industry or business in which OCCUPA work was done, as SILK MILL SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) 13. NAME FATH 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy HER 15. MAIDEN NAME 23, If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?______ Date of Injury______ 19_____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY. In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL CREMATION. OR REMOVAL Manner of Injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address) __ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of evilepsu 1915 1 week ago Arteriosclerosis Chronic interstitial nephritis Run over by street car 1921 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08112
County & ault	(93-2)
	Registration Dist. No. 16
Village or City W landowelle	NOSt.,War f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME & lorges Cinna	1) urst
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 193 3
ia. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of William C. Dust	22. I HEREBY CERTIFY. That I attended deceased fro
5. DATE OF BIRTH (month, day, and year) Mar 16-1855	(I last saw h. A. alive on July 40 1933 death is ear
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at / 1 m.
78 6 3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Welf as follows: 10 Manual Marine Marine and to Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Or will for an an and
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SLLK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his securation (most) and	
10. Date deceased last worked at this occupation (month and 1930 spant in this 50 occupation 50 occu	
	Other Coatributery Causes of importance:
(State or country)	- Sellly
13. NAME A assul Custer 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Agaia Dust 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
7. INFORMANT Officery of white (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Vin Jumore Date 8 - 3 1933	Nature of injury
9. UNDERTAKER In Charles	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Sandsville	If so, specify
0. FILED ang 3 10 33 (0/7)	(Signed) A A A A A A A A A A A A A A A A A A A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	H	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	g	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	U8113
County Larell	Registration Dist. No. /6
Village or City of randovelle	No. St., Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Gamellon	Durst
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OR DIVORCED ("write the word) The Color of the word)	21. DATE OF DEATH (10 (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Clargia ama Dursl	1 HEREBY CERTIFY, That I attended deceased from 1933, to aug 13 1933
6. DATE OF BIRTH (month, day, end year) Mar) - 1855	I lest saw h Mun elive on Grag 12, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, at 1.2 Pm.
78 6 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acute llocolitis July 20
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at	
10. Date deceased last worked at this occupation (month and) 11. Total time (years) spent in this occupation (coupation)	
12. BIRTHPLACE (city or town) (State or country)	Other Catributory Cause of importence:
13. NAME Jacob Durst	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME & lisabeth & nate	What test confirmed diegnosis? Was there en eulopsy?
16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide?, 19,
17. INFORMANT Mis Is layed Durst (Address) I san Handle res s.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place LLW Sumany Dete Sug 15, 1933	Manner of injury
19. UNDERTAKER Am Stinterberg (Address) & hantswifter	Nature of injury 24. Was diseese or injury in any wey related to occupetion of deceesed?
20. FILED aug 15, 19 67 Thele Registrar.	(Signed) M. D. (Address) Anautanille
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A	DDITIONAL SPA	ACE FOR FURT	HER STATEME	NTS BY PHYSICI	AN

V. S. No. 1	MARGIN RESERVED FOR BINDING	RESERVED	FOR B	INDING	•	1)	
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	WITH UNFAD	NG INK-THIS	IS A PE	RMANENT	RECORD. 1	Svery ite	m of infor-	
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	efully supplied.	AGE should be	stated E	XACTL	7. PHYSIC	IANS SI	ould state	-
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	in plain terms, se	that it may be	properly	classified.	Exact state	ment of	OCCUPA-	
TION is very important. See instructions on back of certificate.	ant. See instruct	tions on back of	certificate					

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08114
1. PLACE OF DEATH	(S)
County 7 Carries	Registration Dist. No.
Village or City Celean only mad	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
7. 7. 1	ds. How long in U.S. II of loreign birth?yrsmosds.
2. FULL NAME State O'E leave	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If marriad widowed, or divorced HUSBAND of	
on (or) Wife of ande telda	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Quy . 1, 1933	I last saw h alive on 19 death is said
7. AGE Years Months Pays if LESS than	to have occurred on the date stated above, atm_
1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Oate of onest
SAWYER, BOOKKEEPER, etc.	Alite barre
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Premalure 8 ms
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decasad last worked at this occupation (month and yaar) 11. Total time (years) spent in this occupation	Buch Pusuelation
(101-	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Many Lower (State or country)	
I 13. NAME France FERR	
13. NAME 14. BIRTHPLACE (city or town).	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Come Frank Parcy by	23. Il death was dua to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) San Range	Accident, suicide, or homicida? Data of injury, 19
(Stata or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Many Dans of Colombia	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place 1, 193	Manner of injury
19. UNOERTAKER Franch & Bolden	24. Was disease or injury In any way related to occupation of deceased?
20 Fileding & 1933 Mar. Q. ashling	(Signed)
Registral If more blanks are needed, address State Registrar.	(Address) (Address Palimore Requesting T) S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NONE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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item of inforshould state OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08115
1. PLACE OF DEATH	184)
County & anglett	Registration Dist. No. 163
Village or City Jw. Frankville	NoSt.,Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Flored. Willy 5	2 me
(a) Residence: No. Papular Nestern	Look, W. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes he word)	21. DATE OF DEATH
Male Whote Single	(Month) (Day) (Year)
5å. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I MONOGO CONTROL
	investigated death of deceased,
6. DATE OF BIRTH (month, day, and year) april 3, 1405	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
28 4 2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Accidental discharge of
	rifle in hands of companion,
S. Industry or business in which work was done, as SILK MILL, Coal - Manual	bullet striking in right
O Date deceased last worked at this occupation (month and spent in this	temple which caused instant death.
year) year) year) spentru this	
12. BIRTHPLACE (city or town) Asterphort.	Other Coutributory Causes of importanca:
(State or country)	
# 13. NAME James Timeon Trool	
14. BIRTHPLACE (city or town) Mediciport	Neme of operation Deta of
r (dide of country)	What test confirmed diagnosis? Was there an eulopsy? no
15. MAIDEN NAME & any Nuckworld	23. If deeth was dua to externat causes (VIOLENCE) fill in elso the following:
o 16. BIRTHPLACE (city or town) Westerphort.	Accident, suicide, or homicide? Accident Data of injury 8-5, 19 33
(State or country)	Where did injury occur? Ar Bloomington, Garrett Co (Specify city or town, county and State) Md.
17. INFORMANT James J. Drove	Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public place-along tracks of B & O
(Address) Wintersport, M. A. 18. BURIAL, CREMATION, OB REMOVAL	Reserve of injury. Shot by rifle in hands of
Place Philoslemetry Dete Jug 7 1933	companion-accidental discharge
19 C Roball	Nature of injury Bullet struck in right temple
19. UNDERTAKER (Address) Barton, Md	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILED Aug 16 1933 Dorsey Pottiers	(Signed) G. T. Mule J. Pro
Registrar.	(Address) Oakland, Maryland
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person agcd 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
New York			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Permission was given D.S. Bos Frinter tody on aug. 7 while
death certificate was held by acting Coroner C.7. White while
an investigation was made cartificate returned aug. 16, 1933
See letter sender Pattison
ah l

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 08116	
1. PLACE OF DEATH	(92-20)	
County Garret	Registration Dist. No	
Village or City Oakland, Md.	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence In city or town where death occurredyrs,8mo	sds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME Sophia Koch		
(a) Residence: No.	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH Aug. 31 (Oay) (Year)	
50 It married, widowed, or divorced HUSBANO of Christophu Toch	1 HEREBY CERTIES that I attended deceased from 19 133, to They 1, 1933	
6. DATE OF BIRTH (month, day, and yeer) Feb. 26 1873	I last saw here elive on Cincing 30, 1935; death is said	
7. AGE Years Months Oays If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated ebove, at3A_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	Throw a Endutordets fait	
kind ot work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed last worked at this occuration (month and spent in this	Dropoley	
10. Dete deceesed last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Pittsburgh, Pa. (Stata or country)	Other Contributory Causes of importance:	
# 13. NAME Christopher Koch		
13. NAME Christopher Koch 14. BIRTHPLACE (city or town) Germany (State or country)	Name of operation	
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?	
15. MAIDEN NAME Aliza Dunker 16. BIRTHPLACE (city or town) Pittsburgh, Pa. (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT Ben Koch. (Address) Oakland, Md.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Harrington Md. Date Sept. 1 ,1933	Manner of Injury	
19. UNDERTAKER A.F. Colling (Address) Terral alta, W.Va.	24. Was disease or injury In any way related to occupation of deceased?	
20. Fredrig 3 L., 1933 Julia Rowen Registrar.	(Signed) / (Address) Or Reced 4777.	

V If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		- Jaaviaoan -	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—botel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," worker, "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related ca of importance were as follows:	uses Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
itones	May 1,1923	Gastroenteritis	1 year

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B. WRITE PLAINLY, V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08118
1. PLACE OF DEATH	92-20
County Garrett	Registration Dist. No. 7 (66
Village or City Oalsland Md	- No. 120 Third st St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
7.6	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sarrah Ann Mason	
(a) Residence: No. 120 Third st	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widewad, or diversel	(Month) (Day) (Year)
(or) WIFE of Alex C. Mason	22. I HEREBY CERTIFY. That I attended deceased from fully 16, 1933, to 1985
6. DATE OF BIRTH (month, days and year) Oct 10 th 1850	I last saw heem alive on Aug 7, 1935; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the data stated abova, et 5204 m.
82 10 7 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Hause Wife work was dona as SII K MIII	Chrone Endo Torclus (3)
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Deer Parks Mid	Other Contributory Causes of importance:
(State or country). 2 13. NAME Samuel It. Friend	
14. BIRTHPLACE (city or town) Sang Run	Name of operation Date of
(State or country) Md	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Ann Friend	23. If death was due to axternal causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Deer Park Md	Accident, suicide, or homicide? Oata of Injury, 19
17. INFORMANT Stade A. Mason (Address) Oakland Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL MODELLA, 5, 1933	Manner of Injury
19. UNOERTAKER CHOW Solder	24. Was disease or Injury In any way related to occupation of deceased?
20. FILEDUS 4, 19 38 Julia Rowan Registrar.	(Signed)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		TEST 8 . d-15	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A STATE OF THE STA	P.			
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH # 08119
1. PLACE OF DEATH	<u> </u>
, County Jane	Registration Dist. No. 168
Village or City	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?
(100 / mol/	The state of the s
2. FULL NAME Collected Market	
(a) Residence: No. (Usual place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DOVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH (Month) (Day) (Vear) 22. 1 HEREBY SERTIFY That I attended deceased from
(1 4 1933	luly 1 , 10 due 1 , 19 7
6. DATE OF BIRTH (month, day, and year) (lug /	I last saw h; death Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2
8. Trede, profession, or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Stillhorn St. t
9. Industry or business in which	77/33
SAW MILL, BANK, etc.	
Date deceased last worked at this occupation (month and spent in this occupation occupation occupation	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of importance: (Prolable of Umbilied 6/33
# 13. NAME albert mekenzie	load &
14. BIRTHPLACE (city or town) Maryland	Name of operation A Date of
(State or country)	What test confirmed diegnosis? Clusic always there an eu ops flu
15. MAIDEN NAME & the number	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 2 n any land (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFDRMANT a Clear Mckingis (Address) & roslowra had	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Johnson Cem. Date aug. 8, 1933	Nature of injury
19. UNDERTAKER Father albert netenzie (Address) Frontling nice	24. Was disease or injury in any way related to occupation of deceased?
20. FILED aug 7, 1953 Thomas & Craul Registrar.	(Signed) Clos Stiles M. D. (Address) FAR LEWIS DUCK
If more blanks are needed, address State Registrar, :	2411 N. Charles Street, Baltimore, Requesting V. S. Do. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	110	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- 1-4 A	S-1		
	2. 11		
Other contributory causes of importance:	5 //	Other contributory causes of importance:	M. F.
Gallstones	May 1,1923	Gastroenteritis	1 year
	(4)		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82)
County Farrett	Registration Dist. No. 9/68
Village or City Out ofirst of frostly	No
Length of residence in city or town where death occurred yrs, mos	I death occurred in a horpital or institution, give its NAME instead of street and number) s
2. FULL NAME John Raymond	minniek
(a) Residence: No.	St., Ward.
(Usual place of abode)	Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (awrite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTII (month, day, end year) May 20, 1933	1 19 ap all 19
6. DATE OF BIRTII (month, day, end year) 1 ay 20, 1935 7. AGE Years Months Days II LESS than	l last saw h elive on
2 / 3 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	Oate of onset
SAWYER, BOOKKEEPER, etc.	Infocation
work was done, as SILK MILL, SAW MILL, BANK, etc	Jaffers believes
11. Total time (years) this occupetion (month and year) 12. Total time (years) spent in this occupation	Jound Lead
Substitute of the state of the	Other Contributory Causes of importance:
II 13. NAME Marion Minnick	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Milded Jeffres 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (Stata ar country)	Accident, suicide, or homicida?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State ar country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL PLANT TOWNS AND THE STATE OF THE	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
riaca	Nature of injury
19. UNDERTAKER Marin Minnick (Faller (Address)	24. Was disease or injury in eny way related to occupation of deceesed? no
20. FILED 8/4 ,1933 Q.R. Wolker.	(Signed) M, D. (Address) M, D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dete of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURKAU Y. S		=(1=0=	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
. 1. PLACE OF DEATH	(82.0)
County Larrett	Registration Dist. No. / 66
Village or City Oakland	No. 175 Third St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	
2. FULL NAME Mary burn gham	m itchell
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Temale White Widawell (write the word)	Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Wiley Wayne Mitchell	Lane 12 1933 to Clary 3 1935
6. DATE OF BIRTH (month day, and year) Oct. 16, 1957	I last saw h alive on O 193 5 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at A
75 9 17 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were estollows:
8 Trade profession or particular	ere rae Haeuntogg Can 3-
kind of work done, as SPINNER Wouse Ruffel SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this portunity of month and this portunity of month and this portunity of month and the same of the same	Capaled for Posserie June lo
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Harthand Haeverthey the 30
SAW MILL, BANK, etc	Josepes!
this occupation (month and spent in this occupation year)	Characterous, Dudafeede
Harrott Carenty	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Md. (State or country)	
13. NAME Now. 6. Le uningham	
13. NAME Am. C. Louningham 14. BIRTHPLACE (city or town) Frederick County	Name of operation
(State or country) maryland	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Eleanord Boyer	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cleanard Boyer 16. BIRTHPLACE (city or town) Patterson Week,	Accident, suicide, or homicide?
(State or country) West Vase	Where did injury occur?
17. INFORMANT Puth McRobie (Address) Dakland md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dittinger W Date luy 6, 193	Nature of injury
19. UNDERTAKER MOUNT POLICY	24. Was disease or injury in any way related to occupation of deceased?
(Address) Wareland Miles	If so, specify Therefree h
20. FILED LUG 1 5 , 19 2 Juliu Com Registrar.	(Signed) M. D. (Address) A. Parel M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
34-3		4 - 869 B (839 1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

N. B.—WRITE PL. MILY,

1. PLACE OF DEATH	D-CERTIFICATE OF DEATH 08122
County	Registration Dist. No. / 6 6
Village or City Green, Mrs	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,	mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME In face There	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the w	ord) 28 193 D
5a. If married, widowed, or divorced	
30 GP WIFE Class. Wm Miner	22. I HEREBY CERTIFY. That I attended deceased from 28, 19, 19, 10, 29, 193
6. DATE OF BIRTH (month, day, end year) Jugust, 28 / 9	733 last saw h elive on, 19; death is sale
7. AGE Years Months Deys II LESS	L
Ο Ο Ψ Ο orm	
8. Trede, profession, or perticular kind of work done, as SPINNER,	β
SAWYER, BOOKKEEPER, etc.	Stell Jane
9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Shautan this much
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceesed lest worked at this occupation (month and year)	(Photphia of Vana)
12. BIRTHPLACE (city or town) Creeke	Other Coutributory Causes of importence:
(State or country) Way Land	
13. NAME Ghan War Thines 14. BIRTHPLACE (city or town)	
(State or country)	Neme of operation
15. MAIDEN NAME COME Expansion Bress & Lessol	23. If deeth was due to externel ceuses (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL	Manner of injury
Place ingo Camelapatellig. L8, 1	Neture of injury
19. UNDERTAKER PROJECT COLUMN (Address) CARLO CALLED COLUMN CALLED COLUM	24. Was diseese or injury In any way releted to occupation of deceased?
20. Filedun 28 163 Julia G. Rowa	(Signed) 7 2 Brack of M. I
A Local Regin	gistrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

CTATE OF MADVE AND

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To be complete, an occupation return must state:

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		GRAISORN	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I			Example II		
of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SEP 8 1933	July 5,1927	Peritonitis	3 days ago	
	BUREAU V	b			
Other contributory causes	of importance:	atresi.	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

BINDING

FOR

MARGIN RESERVED

Data of onset

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Example I	B. C. C.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURRAN				
Other contributory eauses of importance:		Other contributory causes of importance:	100 mg	
Gallstones	May 1,1923	Gastroenteritis	1 year	

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					STATEMENTS		

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH //	(183)
County Lavett	Registration Dist. No. 6
Village or City MC/Henry Ma	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Slis, Modes	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No Inlaline Pen	ASL/ Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OW RACE/ S. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OW RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a of marriad, widowed or divorced HUSBAND of O(a) WIFE/OF O(a) O(a)	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BURTH (month, day, and year force 6. 1916	I last saw h alive on
7. AGE / Years Month's Days If LESS than	to have occurred on the date stated above, at 2 . fm.
4 16 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. J. L. L. Marketter Marketter and Mark	Mederial hypownded
SAWYER, BOOKKEEPER, etc.	Reding Rury-boards fell off
9 Industry or business in which work was done, as SILK MILL Tredents lenn SAW MILL, BANK, etc.	Resulting an alleged
kind of work done, as SPINNER, which work done as SPINNER, which work was done as SILK MILL with the work was done as SILK MILL with land land work was done as SILK MILL with land land land land work was done as SILK mill work was done as the work was done white work was done which was done which was done which wo	of carries.
year) gentin this	Doay recoursed yeur
12. BIRTHPLACE (city of town) rulding Imm (State of country)	Other/Contributory Causes of importance:
13. NAME dward / hodis	J
14. BIRTHPLACE (city of town) Plnn.	Nama of operation
(State or county)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ROLL // Iller	23. If death was due to external captas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Plus	Accident, suicide, or homicifie www. Date of injury 8/22 1933
∑ (Staterus country)	Where did injury occurs all a le all and soul from
17. INFORMANT Schward Hoodes (Address) Frieding Linni	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tyldeno finom Mig 16, 1933	Nature of Injury
10 HUDGOTANGE OF ALL SALE	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER 2001	If so, specify
20. FHEOUY 25, 19 33 ulia Rowane Registrar.	(Signed) With Jowan Keynstrumo
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

At e F.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08126
infor- state UPA-	1. PLACE OF DEATH	84
ould OCCU	County Yaung	Registration Dist. No. 166
item of should of OCC	Village or City Inh Kare Kar. Weel	NoSt,War
	Length of residence in city or town where deeth occurredyrs	f death occurred in a hospital or institution, give its NAME instead of street and number) 2.23 ds. How long in U.S. if of foreign birth?
CORD. Every PHYSICIANS act statement	2. FULL NAME Norander auna Jay	· Cool
o. E	(a) Residence: No.	St., Ward.
RECORD PHYS Exact sta	(Usual place of abode)	If nonresident give city or town and State
RECO. PH. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ALE 7
VG ENT T L led.	The ala When Reagelan	(Month) (Day) (Year)
E SOE	5a. If merried, widowed, or divorced INUSDAWS of Control of Contro	22. I HEREBY CERTIFX, Thet I attended deceased fro
ND SMA X A	Sauguri g cha . May Jayror	Jeene 10, 1933, to aren 2, 193:
	6. DATE OF BIRTH (month, day, and year) June 10 1933	I last saw harman alive on 1925; death is sa
	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at £ 2.2. Cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
FOR IS A stated proper	1 23 or min.	were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc	A second
RVE K—TH nould may back	Holdstry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Cauquedal he hunted hus
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
RESH NG INI AGE sl that it ons on	this occupation (month and spent in this occupation occupation	
2 4 - 9	n, f. R	Other Contributory Causes of Importance:
MARGIN UNFADIN supplied n terms, so	12. BIRTHPLACE (city or town) (State or country)	
MARGI UNFAl supplied n terms, ee instru	13. NAME Chan Ray Jagen	
A D H S	13. NAME Chan Land South	Name of operation Date of
	(State of Country)	Whet test confirmed diagnosis? Was there an autopsy?
Y, WITH carefully su H in plain ortant. See	15. MAIDEN NAME KLESS SET Dans mag Les 16. BIRTHPLACE (city or town). Oang and RA (State or country)	23. If death was due to externat causes (VIOLENCE) fill In also the following:
INLY, WI be carefu EATH in 1 important.	5 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury, 19
INLY, be car EATH import	f y d f	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT (Address) 700 has been been been been been been been bee	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
	Place To Circa Date Jug 2 , 1923	Nature of injury
-WRITE mation s CAUSE TION is	19 UNDERTAKER CHOOMY Bolden	24. Was disease or injury in any wey related to occupation of deceased?
No.	(Address) Cakband. Md	If so, specify 77 Q A
N. B. L.	25 Horas 2 1933 ulia Kowan	(Signed) 1. Saldrale M.
> A ()	Registrar.	(Address) wesawa The
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	Jo 1	plno	220	1
	item	sho) jo	
). Every	SICIANS	atement	
	ORI	HX	t st	
	REC	Y. P	Exac	
	3.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	PE	E	rly	cate.
	SA	tate	rope	rtif
	IS I	e s	e p	f ce
	TH.	ld b	ay b	ck o
	VIX.	shou	it m	n ba
	11 5	GE	hat	us o
	NIC	A	so tl	ction
	INFAI	pplied.	erms,	TION is very important. See instructions on back of certificate.
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	PLA	pluo	F D	rery
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	VRI	ation	AUS	NOI
	1	H	C	F

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF	MARYLAND-	-CERTIFICATE OF DEATH 081	27
1. PLACE OF DEATH		46	2/
County Garrett		Registration Dist. No.	
Village or City Hear Blas	mington	No. St.,	War
Length of residence in city or town where death or	V	If death occurred in a hospital or institution, give its NAME instead of street and num sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Martha G	ane Tich	æll	
(a) Residence: No.		St., Ward.	
	Usual place of abode)	If nonresident give city or town and Sta	te
PERSONAL AND STATISTICAL 3. SEX 4. COLOR OR RACE 5. SI		21. DATE OF DEATH	
	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word) Victored	7	g3-3 (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of Raman Lichael	l, which.	22. I HEREBY CERTIFY That I attended dec	eased fro
. DATE OF BIRTH (month, day, and year)	shay 17 187	I last saw her alive on Gues 10 1933;	leath is sa
AGE Years Months	Days / If LESS than/	to have occurred on the date stated above, at # P m.	04(1115) 54
61 5	28 1 day,(nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	ate of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (months and	sekuper	Dancon & Stomuch	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Derdinores	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
2. BIRTHPLACE (city or town)		Other Contributory Causes of importance:	
(State or country) Marylo	rnd.	-	
13. NAME Samuel Yar	us	<u></u>	
14. BIRTHPLACE (city or town)		Name of operation Date of	
(State or country) Yranitas	rd	What test confirmed diagnosis? Was there an auto	psy?
15. MAIDEN NAME Plant Know	w.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Want	Munu	Accident, suicide, or homicide? Date of injury	., 19
7. INFORMANT Gilmore Lie	huell	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	
(Address) Alloaming 8. BURIAL, CREMATION, OR REMOVAL The health emetires		Manner of injury	
Place Dat	e lug 17, 193	Nature of injury	
9. UNDERTAKER WH. Friedlac (Addiess) Piedma	pt. w. va.	24. Was disease or injury in any way related to occupation of deceased? NO	
20. FILED Dug / 6 , 1933 Dorsey	Pattison Registrar.	(Signed) George II ll Street	M.

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Example II		
use of death and related causes Date of onset ere as follows:		
1 week ago		
car 1 week ago		
3 days ago		
ry causes of importance:		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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